DISCLOSURE SUMMARY PAGE		DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)] g	Rev. 12/2005)	REPORT
IMPORTANT Indicate by type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (1): (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable) Denderal Office Sought District (if Senate or House) Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.	C L S C A	or Office Use Or omm. # ogged In canned omputer udited File with: lowa Ethics and Disclosure Boar 510 E. 12 th , Ste. Des Moines, low Fax: 515-281-3	7526 2 Pa 525 Campaign d 1A va 50319
Jun & Sena 515-292-301	18	Da	Token 14 =
SIGNATURE OF PERSON FILING REPORT TELEPHONE		DATE SI	GNED
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed)	ocal Com	nmittees, enter D	ate of Election s, enter County in
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end		; ¬	
of the last reporting period or must be zero if this is first report filed.)	\$	-1α ,	480.14
ADD TOTAL MONEY TAKEN IN THIS PERIOD		11.	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		11,3	42.00
Schedule F: Loans Received total (Attach Schedule F)			<u></u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	•••••		<u> </u>
SUB-TOTAL SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	<u>23</u>	822.14 500.59
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)		8	3a1.55
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)			
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)			
CONSULTANT BREAKDOWN (Schedule G Attached?)	· 	YESN	Ю
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.			

FOR INSTRUCTIONS, SEE BACK OF FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

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Reset Form

SCHEDULE

MONETARY

STATE CANDIDATES NOTE IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	D10 ID 11111				
DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	I d IF FOR
(MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	√ IF FOR FUND-
, ==,	NUMBER		(if applicable)		RAISER
	ID# / 0 c = 1	NO /			INCOME
	ID# 6067	Lowa HEAlth PAC			
11-20-08	CK#3872	6250 Westown Pkuy, to 100		\$	11 1
10000	2012	West Dec Marine	-0 0.6	250	J
	ID#	West Des Moines TA & LAWRENCE Pope	20 50 × 66	400	
11		1/31/ (a / 1)		ſ	
	CK#	TOTA ORANG PTUE, MAPI. 11		ł	
	ID#	Des Moines, IA 50312		75	
i_{ℓ}	10#	Edward BRAUN			
1	CK#	1219 - 9m ST.			
				25	
11	ID# 6073	Ames IA 50010			
,	1	I SWA MEDICAL PAC		l i	
l	CK#/154	1001 GRAND Ave			
		West Des Moines IA	50265	250	
11	ID# 6058	Town Chiropenetic Society 1605 N. Ankeny Blud, STe 100	A O a		
		1605 N. Ankers Alus Co	Y PAC		11 11
	CK# 4256	Dall 14 T	•	100	
1/	ID#	Ankery, IA 50023		100	
, ''		Tanya Zanish-Belchen			
	CK#	2916 ROXBORD OR			
		Ames JA 50010		20	
	ID#	PATRICIA MILLER			
July 26,08	CK#	4. DI P P			
	CINIF	4024 ROSS Rd		50	
	ID# 6116	Ames 54 50014		50	
		Political Action-IowA Dea	lens		
17-29-05	CK# 1437	P.O. Box 65840		}	-
0,00		West OcaMaines IA 5026	,—	100	
	ID#	JANE T. ZARING	3		
	CK#	10-5 100 11 12/		1	
1-30-08	CI(#	1955 Mendow EleNN N		35	
	ID#	Ames, TA 50014		_ 20	
		CYNTHIA OppedAL Paschen 2117 GRAEBER ST.	<u>_</u>		
1-30-08	CK#	2117 GRAEBER CT	-		12-11
0 00 00		Ames, IA 50014	İ	50	
		, , , , , , , , , , , , , , , , , , , ,	SUB-TOTAL		
		•		\$9.5.5	• /
		TOTAL (if last page or	f this schedule)	·/•/	,
		,			

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form **MONETARY** (Rev. 07/03) **RECEIPTS** CHECK THIS BOX IF AMENDING FORM

SCHEDULE

COMMITTEE NAME (Mu	st be same as on S	tatement of Orga	nization)
Celesans	for Wen	el-Kan	eschell

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	I AMOUNT	1 / IC COD
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	√ IF FOR FUND-
(11111111111111111111111111111111111111	NUMBER		(if applicable)		RAISER
	ID#	JANE W. Lohnes			
7-31-08	CK#	1102 Ridge wood Ave		\$	
1-01-08	ID#	Ames, IA 50010		50	
_		Robert E. McCarley			
5-1-08	CK#	3102 DIAMENS ST.		50	
•	ID# 6089	OpeRATing Engineers LOCAL &	34		
7.11		Political Fund] [·
8-11-08	CK# 422	4890 Hubbell, Des Moines	IA 5031	200	
	6004	17550cinted Gen. Contractors of	IA, PAC		
8-17-08	CK# 4758	Pes my TA FAR		2,500	
	ID#	Jermaine C. Prescott			
3-19-08	CK#	2810 Ross Rd.			
, 11-08	10#	Ames IA 50014		25	
	ID#	FAITH WIFINNEMORE			
8-19-08	CK#	2107 NORTHCREST DR.		100	
	ID#	Ames, IA 500/0		100	
	CK#	Beverly J. CRABTREE		_	
-19-08		3113 Rosewood Cir. Ames IA 50014		50	
	ID# 6059	IA Committee of Automotive A	eTnilens.		
-26-08	CK# 3263	IIII Office PARK Rd.		200	
-000	ID# 6070	West Des Moines, IA 5020	55	250	
-6		IA LAWPAC			
-9-08	CK# 3633	501 EAST LOCUST SI., 3 1/2 Flood DES Maines IA 50309	~	250	
	ID# 6021	CREDIT Union PAC		_	
	CK# 2284	P.O. BOX 10409			
, 00	VIDE 4	Des Moines IA 50306		500	
		-	SUB-TOTAL	· 2975	

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CONTRIBUTIONS -- MONFY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) William for West Kroeschell	. —	CK THIS BOX IF NDING FORM

Reset Form

SCHEDULE

STATE CANDIDATES NOTE IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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5.475					
DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	I AMOUNT	T-7-
RECEIVED (MM/DD/YR)	(if applicable)		TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR
(IAIIANDD) (IK)	AND PAC CHECK		(if applicable)	NECEIVED	FUND-
	NUMBER		1	1	RAISER
	ID# 1526	Central IA. Building & Construct	That		IIVOONIL
901		Council Par	IN TRAVES	l &	
9-9-08	CK# 3208	200 200		\ \ \ \ \ \ \	
		P.O. Box 7810, Des Moines, IA	50309	250	
	ID#	SAC * Fox Tribe of Mississippi in	Tana		<u> </u>
G 0 -	CK# Cinci	349 Maskwaki Rd.	+ow4		
9-9-08	CK# 9 3644	T		100	L
	ID# HOLD	TAMA, T.A 52339 I.A. Committee ON POLITICAL Educ.		500	
	6060	IA. Committee ON POLITICAL Educ.	AFL-CIO		
9-9-08	CK# 25 73	2000 WALKER, Suite A		_	
1-7-08	1 2573	Des Moines IA 50317		200	Li
	ID#	12 1 5031/			
		BARBARA PETERSON			[
9-9-08	CK#	950 ARIZONA AVE		,	
1 108	15.4	Ames IA 50014		10	ļ L
	ID#	Henry GRAY			
	CK#	1416 MAX Well		_	
80-9-08	J. G.	1716 MIAX WELL		25	
	ID#	Ames IA 50010			
_		LARRY H. Ebbers			
9-9-08	CK#	220 24m ST			
1 1-08		Ames, IA 50010		25	L
	ID#	Merlin Lee Pfannkuch			
		MERCIN LEC PTANNAUCH		ł	
1-13-08	CK#	1424 Kellagg		0 —	
1200	15#	Ames, IA 50010		35	<u> </u>
	ID# 6133	South Centeral Iour Federation of	LAhan		
2		CITIZENShip Fund, 300 ELOCUST, A.	7.		
1-20-08	CK# 1018	0 - h = -	***	250	
20.00	ID#	Des Moines, IA 50309		00	
}	· - "	LINDA Ambrosio			$\overline{}$
a.a. 1	CK#	916 S. DAKOTA AVE	i	_	
1-30-08		Ames, IA 50014		30	L
- T	ID#	Wayne Clinton			
;	CNT				
-30-08	UN#	1610 CARROLL		1:0	
2. 00		Ames, I.A 50010		100	
			SUB-TOTAL	,	
			<u>I</u>	\$ 1425	
		TOTAL (if last page o	f this schedule)		
				•	

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Page 3 of (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Nev. 07703)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) (Rizers for Wenel-Kroeschell	_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	BRENT WYN; A		\$	INCOME
10-3-02	F CK#	1012 HUNZIKER DR. Ames, IA 50010		100	
	ID#	Andrey Lynn FAWCETT 2020 Pinehurst DR.		7-0	
10-4-02	CK#	Ames, I A 50010		20	
4	ID#	JASMINE B. SCAGRAVE		70	 -
	CK#	318 Westbrook 2N		2,5-	L
11	ID#	Ellen B. HAdwiger	 	73	
	CK#	1118 Scholl Rd.		100	
16	ID#	MARY ATHERLY		100	
	CK#	2150 Ashmone CT.		50	<u> </u>
4	ID#	Ames IA 50014 Eileen T. Mericle			
	CK#	3920 DAWES DR.		200	L
ú	ID#	DORIS M. FOELL		50	
	CK#	1006 ARIZONA AUE		25	L .
11	ID#	Lowell GREIMANN		~ 3	
	CK#	1518 137 57			4
4	ID#	P. Hopkins		50	
	CK#	P. Hopkins 2415 HAMILTON DR.		35	4
4	ID#	FEAN PRESTEMON			
	CK#	4606 Dover Dr.		2-	4
		Ames IA 50014	SUB-TOTAL	<u> </u>	

TOTAL (if last page of this schedule)

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SCHEDULE

MONETARY

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Rev. 07/03) **RECEIPTS** (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM

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Reset Form

SCHEDULE

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MONETARY

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR	1
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER	
	ID#	STEWART L. Burger			INCOME	1
10 2.4	CK#	2502 BRISTOL DR.		\$		-
10-3-08		Sharon Bird		50		1
u	ID#	Tharon Bird				Ì
	CK#	1409 Ridgewood Ave Ames, I A 50000		30		[
11	ID#	SuzAnge MANN Zilber				
	CK#	BOICRUSTAL ST.		,		-
	ID#	Ames, IA 50010		100		
4.6		TEANETTE C. Smithson 1817 NORTHCREST CT.				۔ ا
	CK#	Ames IA 50010		25		
il	ID#	HERMAN C. QUIRMBACK				
	CK#	1002 JARRETT CIRCLE		100		1
11	ID#	Ames IA 50014		100		ĺ
4	CK#	George P. Belitsos 5508 Lincoln WAY				[
				28		
4	ID#	Sharon L. Colletti				ļ
	CK#	5a2AsL Ave		200		[
h	ID#	SANDRA KAY McJimsey				ĺ
	CK#				4	/
	ID#	2236 STORM ST. Ames, IA 50014		50		l
4		JON Fleming				/
	CK#	401 PEARSON Ames IA 50014		100		
ч	ID#	John R. Clem				L
	CK#	2307 Timberland Rd.	•	100		
		Ames IA 50014	SUB-TOTAL	700		į
			355.5772	\$ 183		

TOTAL (if last page of this schedule) * Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by

marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form MONETARY (Rev. 07/03) **RECEIPTS** CHECK THIS BOX IF AMENDING FORM

SCHEDULE

COMMITTEE NAME	Must be same as or	n Statement of Organiz	ation)
Cilisens	/ / 1	1.2.	00
When	for Wene	x noesce	iell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	TexesA M. McLaughlin			I d
0-3-08	CK#	1104 ARIZONA AUR		35	
1,	ID#	Ames IA 50014 SALLie L. NosTwich			
~	СК#	5422 FROST DR.		25	
V	ID# 9716	IBEN LOCAL 347-PAC Fund			
	CK# 2225	850-18M ST. Des Moines, IA 50314		250	
и	ID#	Phyllis Peters			
	CK#	210 5. Kellogg Ames, IA 50010		60	U
11	ID#	Robert Kerksieck			
	CK#	621 GARDEN Rd Ames IA 50010		50	<u></u>
•	ID#	Vicky BRENNER			
7-11-08	CK# WINTER	1632 Mueller C.T		20	U
	ID#	Linda R. Gaylon			, ,
i/	CK#	111 Lynn, Apt 306 Ames FA 50014		25	
И	ID#	Amy Welch			
	CK#	1145 OKLAhoMADR.		50	
И	ID#	Ames IA 50014 HAROHS+ MARQUERITE MCNA	ЬЬ		
	CK#	1232 WIGGONSIN AVE Ames IA 50014	_	100	
11	ID#	T. E. McELHERNE			7
<u> </u>	CK#	3920 Fletcher Blud Ames IA 50010		25	
			SUB-TOTAL	\$640	
		TOTAL (if last page	of this schedule)		~
			-	e i	Ī

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6 of (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	JANE HALLIBURTON		¢	
10-11-08	CK#	1128 RoosevelT Ames, IA 50010		100	
	ID#	MARGARET KNOX			
u	CK#	635 Agg AUE AMES IA 50014 IFDA POLITICAL ACTION GOMM.		25	<u></u>
//	ID# 6066	IFOR POLITICAL ACTION GOMM	The		
"	CK# 2070	Des Moines, IA 5032		250	
11	ID# 6058	LA ChiRODRACTIC SOCIET. OF	2 C		
	ск# 4326	1605 N. ANKENY Blud, STE 100 Ankeny IA 50023		100	W
]	ID#	Susan Radke			
10-13-08	CK#	63855 250th ST Neurala, JA 50201		20	
h	ID#	Phyllis Peters			
	CK#	and S. Kellogg Ames IA 50010		40	
Ħ	ID#	Robert R. BATAILLE			
	CK#	2312 STORM ST. Ames, IA 50014		35	
и	ID#	James A. GAUNT			75
	CK#	3423 CIINTON GT Ames IA 50010		35	
4	ID#	DR. GREG R. Luecke			
	CK#	1907 Northwestern Ave Ames IA 50010		15	レ
11	ID#	MARY Richards			
	CK#	3217 West ST, Ames IA 50014	:	15	V
			SUB-TOTAL	\$ 1,35	

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Page 7 of 10 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form:

A
(Rev. 07/03)

CHECK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) (Ilizens Low Wanel Kroeschell	CHECK THIS BOX IF AMENDING FORM

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	KIRSTIN Eddings SullivAN		e	
10-13-08	CK#	Ames, IA 50014		25	
U	ID#	HERBERT A. HARMISON			
	CK#	2692 Mendow Glen Ames + A 50014		25	
4	ID#	Rebecca Hoeppner			
	CK#	AMES I A 50014		25	
i	ID#	Douglas B, HAVILAND			
	CK#	1100 Adams ST. UniTiOS Ames, J. A 50010		25	
11	ID#	Thomas Weber			
	CK#	430 LyNN AVE		25	
4	ID#	Geoffrey Abelson		·	
	CK#	1414 Glendale Ave Ames, IA 50010		25	\cup
û	ID#	MARGARETS, Johnson			
	CK#	608 Hodge Ave Ames, J.A 50010		50	
И	ID#	H.A. DAVIL			
	CK#	2334 HAMILTON DR Ames IA 50014		50	
le	ID#	Johnie HAMMond			
	CK#	2203 NORTHEREST DR. Ames, IA 50010		50	
11	ID#	Philip B ZARing			
	CK#	1955 Mendow Glen N. Ames JA 50014	;	50	
			SUB-TOTAL	\$250	/

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF

SCHEDULE

COMMITTEE NAME (Must be same as on Statement of Organization)

Clizens for Wessel Kreschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	Teresa Rosenberg			
10-13-08	CK#	FII Ridgewood Abe Ames IA 50010		50	
4	ID#	Selden E. Spencer			
	CK#	Selden E. Spencer. 823 Ashwood Dr.		50	
4	ID#	MARY PAUSEN			
	CK#	3265 DARTMOOR Rd.		100	
Ü	ID#	KAThleen E. Ferris			
	CK#	2616 Meadow Glen Rd. Ames, IA 50014		100	
11	ID#	SheryL Rippke			
	CK#	5414 CERVANTES DR. Ames IA 50014		100	V
11	ID#	NANCY MARKS			ſ
	CK#	16251 24 5T. Ames TA 50010		30	V
. 4	ID#	JOAN Bubberke			/
	CK#	1523 CARROLL AVE Ames IA 50010		30	
4	ID#	CYNTHIA J. GAUNT			
	CK#	3423 CLINTON CT. Ames IA SOULD		30	
1(ID#	PATRICIA A. MILLER		!	
	CK#	YOZY ROSS RI		30	ν
4	ID# 6148	FRON WORKERS LOCAL # 67	PAC		
	CK# 627	Des Moines 7 A 503		250	
			SUB-TOTAL	. 700	
		TOTAL (if last page o	f this schedule)	\$ //0	
		TO THE (II last page of	. ana scriedule)		

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of ____)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

MONETARY
(Rev. 07/03)

CHECK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX AMENDING FORM
Men for Wene Kroloce	

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STATE CANDIDATES NOTE: IF CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable)		TO CANDIDATE*	RECEIVED	FUND-
(IVIIVIDD/YK)	AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID# 6019	CWA LOCAL 7102 PAC		L	INCOME
11 12				\$,	11 4
10-13-08	CK#0656	3612 5W 9m 5T. Des Maines IA 5031	<u></u>	100	
и	ID#	BREAT WUNTA			
	CK#	BREAT WYNIA 1012 HUNZIKER DR.		100	
	10.4	Ames IA 50010		100	
U	ID# 1526	GREAT PLAINS LABORERS DISTRICT COUNCIL PAC	-		
	CK# 1462	DISTRICT COUNCIL PAC		300	
	ID#	5806 Meredith DR, STE	8	500	
		Des Moines IA 50322			
	CK#	·			
41	ID# 1526	GREAT PLAINS LABORERS			
	ск# 1499	See Above		500	
И	ID#	RICK Elbert			
	CK#	622 BURNETT, POBOX 1725 Ames IA 50010		50	
ù	ID#	PASS The HAT CASH			
·	CK#	AT Fund RAISER		49	
	ID#				
	CK#				
	ID#				<u> </u>
	CK#				
	ID#				
	CK#				
	- · · · · · · · · · · · · · · · · · · ·		SUB-TOTAL	. /200	

TOTAL (if last page of this schedule)

Page Of Of Of Of Of Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

ETHICS & CAMPAIGN DISCLOSURE BOARD.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

COMMITTEE NAME (Must be same as on Statement of Organization) AMOUNT **PURPOSE** NAME AND ADDRESS TO WHOM CANDIDATE **EXPENDED EXPENDITURE** (DESCRIBE TRANSACTION) DATE ID NUMBER (Disbursement) WAS MADE **EXPENDED** (if applicable) (MM/DD/YR) AND PAC CHECK NUMBER CARTER PRINTING 1739 E. GRANDAUE 7-16-08 CK# Des Moines IA 50310 Office Supplies ID# STAPles Ames, IowA 50010 CK# 1093 7-17-08 Best Bay PRINTER ID# 176,53 Ames, JowA 50010 CK# 1094 1-28-08 ID# Checks Checks in The MAIL P.O. BOX 351000 *23,77* 8-16-08 CK#1027 New BRAUNTELS, TX 78135 Sign Wines CARTER PRINTing ID# 1739 E. GRANL ADE 61 CK# 1095 Des Moines, IA InviTATIONS Copy WORKS ID# 105 Welch Ave 117,70 9-20-08 CK# 1096 FundRAISER Ames, IA ID# / TARget 9-24-08 CK# 1097 Ames, IA 50010 PosimasTer FundRAISER Ames ,IA CK#/098 Mailing

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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SUB-TOTAL

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)				
[it	isens to	Wend-Kroescho	ell	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
C THE	ID#	STAPLES	CAMPAIGN Supplies	. 7.
7-27-08	CK# 1099	Ames, IA. 50010		\$36.85
	ID#	House TrumAN Fund 5661 Fleur Dr.	Contribution	1
9-26-08	CK# //00	Des Moines IA 3	63a /	14,000
	ID#	STAPLES	CAMPAIGN Supplies	
9-29-08	CK# //0	Ames, IA 50010		18,49
	ID#	BEAR MARKETING	Advertising	
9-29-08	CK# 1102	703 E, Lincoln Way Ames IA 500		38000
	ID#			
	CK#		-	
	ID#			
	CK#			
	ID#			
	CK#			
-	ID#			
	CK#			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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SUB-TOTAL